

# TACTICAL RESPONSE REPORT/Chicago Police Department

| 1. DATE OF INCIDENT<br><b>19-JUN-2016</b>  |  | TIME<br><b>21:04:00</b>  | 2. ADDRESS OF OCCURRENCE<br><b>1614 N WASHTENAW AVE CHICAGO, IL 60647</b>   |   | 3. LOCATION CODE<br><b>304</b>  | 4. BEAT/OCCUR<br><b>1421</b>  | 5. VIDEO RECORDED INCIDENT<br><input type="checkbox"/> 01 BW <input checked="" type="checkbox"/> 02 IN-CAR CAMER<br><input type="checkbox"/> 03 OTHER REPT VIDEO |  |   |                  |  |                 |  |                   |  |                   |  |                        |  |  |   |  |  |             |   |   |             |   |  |             |                    |             |                    |                    |                    |  |                    |  |  |  |   |   |                                     |  |                                    |  |                                   |  |  |  |  |  |             |                                       |   |   |             |                                    |  |             |   |   |             |  |  |   |             |  |  |             |             |   |             |  |  |   |             |   |             |             |             |   |             |             |             |   |             |
|--|--|--|---|---|---|---|--|--|---|------------------|--|-----------------|--|-------------------|--|-------------------|--|------------------------|--|--|---|--|--|-------------|---|---|-------------|---|--|-------------|--------------------|-------------|--------------------|--------------------|--------------------|--|--------------------|--|--|--|---|---|-------------------------------------|--|------------------------------------|--|-----------------------------------|--|--|--|--|--|-------------|---------------------------------------|---|---|-------------|------------------------------------|--|-------------|---|---|-------------|--|--|---|-------------|--|--|-------------|-------------|---|-------------|--|--|---|-------------|---|-------------|-------------|-------------|---|-------------|-------------|-------------|---|-------------|
| MEMBER INVOLVED<br><br><input type="checkbox"/> DNA<br><br>SUBJECT INFORMATION   | 6. POSITION<br><b>9161</b>   | 7. LAST NAME<br><b>JAROSZ</b>  | 8. FIRST NAME<br><b>RENATA M</b>  | 9. STAR NO.<br><b>17825</b>   | 10. SEX<br><input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F   | 11. RACE CODE<br><b>WHI</b>   | 12. HT.<br><b>508</b>  | 13. WT.<br><b>125</b>  |   |                  |  |                 |  |                   |  |                   |  |                        |  |  |   |  |  |             |   |   |             |   |  |             |                    |             |                    |                    |                    |  |                    |  |  |  |   |   |                                     |  |                                    |  |                                   |  |  |  |  |  |             |                                       |   |   |             |                                    |  |             |   |   |             |  |  |   |             |  |  |             |             |   |             |  |  |   |             |   |             |             |             |   |             |             |             |   |             |
|  | 14. DATE OF APPT.<br><b>01-MAY-2006</b>  | 15. EMPLOYEE NO.<br>[REDACTED]   | 16. UNIT & BEAT OF ASSIGNMENT<br><b>003 4312A</b>   | 17. DUTY STATUS<br><input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off  | 18. MEMBER INJURED?<br><input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No  | 19. MEMBER IN UNIFORM?<br><input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No   |  |  |   |                  |  |                 |  |                   |  |                   |  |                        |  |  |   |  |  |             |   |   |             |   |  |             |                    |             |                    |                    |                    |  |                    |  |  |  |   |   |                                     |  |                                    |  |                                   |  |  |  |  |  |             |                                       |   |   |             |                                    |  |             |   |   |             |  |  |   |             |  |  |             |             |   |             |  |  |   |             |   |             |             |             |   |             |             |             |   |             |
|  | 20. LAST NAME<br><b>GONZALEZ</b>   | 21. FIRST NAME<br><b>ORLANDA</b>   | 22. M.I.<br><b>J</b>  | 23. SEX<br><input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F   | 24. RACE<br><b>WWH</b>  | 25. D.O.B.<br><b>23-NOV-1997</b>  | 26. HT.<br><b>509</b>  | 27. WT.<br><b>140</b>  |   |                  |  |                 |  |                   |  |                   |  |                        |  |  |   |  |  |             |   |   |             |   |  |             |                    |             |                    |                    |                    |  |                    |  |  |  |   |   |                                     |  |                                    |  |                                   |  |  |  |  |  |             |                                       |   |   |             |                                    |  |             |   |   |             |  |  |   |             |  |  |             |             |   |             |  |  |   |             |   |             |             |             |   |             |             |             |   |             |
|  | 28. ADDRESS <b>4159 W ADDISON ST CHICAGO, IL 60641</b>   |  |   | 29. TELEPHONE NO.   | 30. WAS SUBJECT ARMED?<br><input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No   | 31. SUBJECT INJURED?<br><input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No   | 32. SUBJECT ALLEGED INJURY?<br><input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No   |  |   |                  |  |                 |  |                   |  |                   |  |                        |  |  |   |  |  |             |   |   |             |   |  |             |                    |             |                    |                    |                    |  |                    |  |  |  |   |   |                                     |  |                                    |  |                                   |  |  |  |  |  |             |                                       |   |   |             |                                    |  |             |   |   |             |  |  |   |             |  |  |             |             |   |             |  |  |   |             |   |             |             |             |   |             |             |             |   |             |
|  | 32a. IF SUBJECT INJURED, DESCRIBE INJURY<br><input type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Non-Fatal - Major Injury<br><input type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None   |  |   | 33. WHERE WAS MEDICAL TREATMENT OBTAINED?   |   |   |  |  |   |                  |  |                 |  |                   |  |                   |  |                        |  |  |   |  |  |             |   |   |             |   |  |             |                    |             |                    |                    |                    |  |                    |  |  |  |   |   |                                     |  |                                    |  |                                   |  |  |  |  |  |             |                                       |   |   |             |                                    |  |             |   |   |             |  |  |   |             |  |  |             |             |   |             |  |  |   |             |   |             |             |             |   |             |             |             |   |             |
|  | 34. BY WHOM?   |  |   |   | 35. CONDITION<br><input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence<br><input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid             |   |  |  |   |                  |  |                 |  |                   |  |                   |  |                        |  |  |   |  |  |             |   |   |             |   |  |             |                    |             |                    |                    |                    |  |                    |  |  |  |   |   |                                     |  |                                    |  |                                   |  |  |  |  |  |             |                                       |   |   |             |                                    |  |             |   |   |             |  |  |   |             |  |  |             |             |   |             |  |  |   |             |   |             |             |             |   |             |             |             |   |             |
|  | 36. CHARGES PLACED   |  |   |   | 37. CB NO.<br><b>19330162</b>   | 38. IR NO.  | 39. DNA  |  |   |                  |  |                 |  |                   |  |                   |  |                        |  |  |   |  |  |             |   |   |             |   |  |             |                    |             |                    |                    |                    |  |                    |  |  |  |   |   |                                     |  |                                    |  |                                   |  |  |  |  |  |             |                                       |   |   |             |                                    |  |             |   |   |             |  |  |   |             |  |  |             |             |   |             |  |  |   |             |   |             |             |             |   |             |             |             |   |             |
|  | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">PASSIVE RESISTER</th> <th colspan="2">ACTIVE RESISTER</th> <th colspan="2">ASSAILANT:ASSAULT</th> <th colspan="2">ASSAILANT:BATTERY</th> <th colspan="2">ASSAILANT:DEADLY FORCE</th> </tr> </thead> <tbody> <tr> <td>DID NOT FOLLOW VERBAL DIRECTION<br/><input checked="" type="checkbox"/></td> <td>FLED<br/><input checked="" type="checkbox"/></td> <td>IMMINENT THREAT OF BATTERY<br/><input type="checkbox"/></td> <td>PULLED AWAY<br/><input checked="" type="checkbox"/></td> <td>OTHER _____</td> <td>ATTACK WITH WEAPON<br/><input checked="" type="checkbox"/></td> <td>ATTACK WITHOUT WEAPON<br/><input type="checkbox"/></td> <td>OTHER _____</td> <td>USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM WEAPON<br/><input checked="" type="checkbox"/></td> </tr> <tr> <td>STIFFENED (DEAD WEIGHT)<br/><input checked="" type="checkbox"/></td> <td>OTHER _____</td> <td>PERCEIVED AS _____</td> <td>OTHER 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type="checkbox"/></td> <td>OTHER _____</td> <td>WRISTLOCK<br/><input type="checkbox"/></td> <td>TASER (Probe Discharge)<br/><input type="checkbox"/></td> <td>01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/></td> <td>OTHER _____</td> </tr> <tr> <td>ARMBAR<br/><input type="checkbox"/></td> <td>TASER (Contact Stun)<br/><input type="checkbox"/></td> <td>OTHER _____</td> <td>TASER (ARC Cycle)<br/><input type="checkbox"/></td> <td>01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/></td> <td>OTHER _____</td> <td>PRESSURE SENSITIVE AREAS<br/><input type="checkbox"/></td> <td>TASER (Spark Disposed)<br/><input type="checkbox"/></td> <td>01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/></td> <td>OTHER _____</td> </tr> <tr> <td>CONTROL INSTRUMENT<br/><input type="checkbox"/></td> <td>IMPACT WEAPON (Describe in Box 40)<br/><input type="checkbox"/></td> <td>OTHER _____</td> <td>OTHER _____</td> <td>01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/></td> <td>OTHER _____</td> <td>OC/CHEMICAL WEAPON W/AUTHORIZATION<br/><input type="checkbox"/></td> <td>TASER (Spark Disposed)<br/><input type="checkbox"/></td> <td>01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/></td> <td>OTHER _____</td> </tr> <tr> <td>LRAD WITH AUTHORIZATION<br/><input type="checkbox"/></td> <td>OTHER _____</td> <td>OTHER _____</td> <td>OTHER _____</td> <td>01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/></td> <td>OTHER _____</td> <td>OTHER _____</td> <td>OTHER _____</td> <td>01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/></td> <td>OTHER _____</td> </tr> </tbody> </table> |  |   |   |   |   |  |  |   | PASSIVE RESISTER |  | ACTIVE RESISTER |  | ASSAILANT:ASSAULT |  | ASSAILANT:BATTERY |  | ASSAILANT:DEADLY FORCE |  | DID NOT FOLLOW VERBAL DIRECTION<br><input checked="" type="checkbox"/> | FLED<br><input checked="" type="checkbox"/> | IMMINENT THREAT OF BATTERY<br><input type="checkbox"/> | PULLED AWAY<br><input checked="" type="checkbox"/> | OTHER _____ | ATTACK WITH WEAPON<br><input checked="" type="checkbox"/> | ATTACK WITHOUT WEAPON<br><input type="checkbox"/> | OTHER _____ | USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM WEAPON<br><input checked="" type="checkbox"/> | STIFFENED (DEAD WEIGHT)<br><input checked="" type="checkbox"/> | OTHER _____ | PERCEIVED AS _____ | OTHER _____ | PERCEIVED AS _____ | PERCEIVED AS _____ | PERCEIVED AS _____ |  | PERCEIVED AS _____ | MEMBER PRESENCE<br><input checked="" type="checkbox"/> | OPEN HAND STRIKE<br><input type="checkbox"/> | ELBOW STRIKE<br><input type="checkbox"/> | TAKE DOWN / EMERGENCY HANDCUFFING<br><input type="checkbox"/> | KNEE STRIKE<br><input type="checkbox"/> | FIREARM<br><input type="checkbox"/> | VERBAL COMMANDS<br><input checked="" type="checkbox"/> | CANINE<br><input 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|  | DID NOT FOLLOW VERBAL DIRECTION<br><input checked="" type="checkbox"/>   | FLED<br><input checked="" type="checkbox"/>  | IMMINENT THREAT OF BATTERY<br><input type="checkbox"/>  | PULLED AWAY<br><input checked="" type="checkbox"/>  | OTHER _____   | ATTACK WITH WEAPON<br><input checked="" type="checkbox"/>   | ATTACK WITHOUT WEAPON<br><input type="checkbox"/>  | OTHER _____  | USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM WEAPON<br><input checked="" type="checkbox"/> |                  |  |                 |  |                   |  |                   |  |                        |  |  |   |  |  |             |   |   |             |   |  |             |                    |             |                    |                    |                    |  |                    |  |  |  |   |   |                                     |  |                                    |  |                                   |  |  |  |  |  |             |                                       |   |   |             |                                    |  |             |   |   |             |  |  |   |             |  |  |             |             |   |             |  |  |   |             |   |             |             |             |   |             |             |             |   |             |
| STIFFENED (DEAD WEIGHT)<br><input checked="" type="checkbox"/>   | OTHER _____  | PERCEIVED AS _____   | OTHER _____   | PERCEIVED AS _____  | PERCEIVED AS _____  | PERCEIVED AS _____  |  | PERCEIVED AS _____   |   |                  |  |                 |  |                   |  |                   |  |                        |  |  |   |  |  |             |   |   |             |   |  |             |                    |             |                    |                    |                    |  |                    |  |  |  |   |   |                                     |  |                                    |  |                                   |  |  |  |  |  |             |                                       |   |   |             |                                    |  |             |   |   |             |  |  |   |             |  |  |             |             |   |             |  |  |   |             |   |             |             |             |   |             |             |             |   |             |
| MEMBER PRESENCE<br><input checked="" type="checkbox"/>   | OPEN HAND STRIKE<br><input type="checkbox"/>   | ELBOW STRIKE<br><input type="checkbox"/>   | TAKE DOWN / EMERGENCY HANDCUFFING<br><input type="checkbox"/>   | KNEE STRIKE<br><input type="checkbox"/>   | FIREARM<br><input type="checkbox"/>   | VERBAL COMMANDS<br><input checked="" type="checkbox"/>  | CANINE<br><input type="checkbox"/>   | CLOSED HAND STRIKE/PUNCH<br><input type="checkbox"/>   | KICKS<br><input type="checkbox"/>   |                  |  |                 |  |                   |  |                   |  |                        |  |  |   |  |  |             |   |   |             |   |  |             |                    |             |                    |                    |                    |  |                    |  |  |  |   |   |                                     |  |                                    |  |                                   |  |  |  |  |  |             |                                       |   |   |             |                                    |  |             |   |   |             |  |  |   |             |  |  |             |             |   |             |  |  |   |             |   |             |             |             |   |             |             |             |   |             |
| ESCORT HOLDS<br><input type="checkbox"/>   | OC CHEMICAL WEAPON<br><input type="checkbox"/>   | IMPACT WEAPON (Describe in Box 40)<br><input type="checkbox"/>   | OC CHEMICAL WEAPON<br><input type="checkbox"/>  | IMPACT MUNITION (Describe in Box 40)<br><input type="checkbox"/>  | OTHER _____   | WRISTLOCK<br><input type="checkbox"/>   | TASER (Probe Discharge)<br><input type="checkbox"/>  | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>  | OTHER _____   |                  |  |                 |  |                   |  |                   |  |                        |  |  |   |  |  |             |   |   |             |   |  |             |                    |             |                    |                    |                    |  |                    |  |  |  |   |   |                                     |  |                                    |  |                                   |  |  |  |  |  |             |                                       |   |   |             |                                    |  |             |   |   |             |  |  |   |             |  |  |             |             |   |             |  |  |   |             |   |             |             |             |   |             |             |             |   |             |
| ARMBAR<br><input type="checkbox"/>   | TASER (Contact Stun)<br><input type="checkbox"/>   | OTHER _____  | TASER (ARC Cycle)<br><input type="checkbox"/>   | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>   | OTHER _____   | PRESSURE SENSITIVE AREAS<br><input type="checkbox"/>  | TASER (Spark Disposed)<br><input type="checkbox"/>   | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>  | OTHER _____   |                  |  |                 |  |                   |  |                   |  |                        |  |  |   |  |  |             |   |   |             |   |  |             |                    |             |                    |                    |                    |  |                    |  |  |  |   |   |                                     |  |                                    |  |                                   |  |  |  |  |  |             |                                       |   |   |             |                                    |  |             |   |   |             |  |  |   |             |  |  |             |             |   |             |  |  |   |             |   |             |             |             |   |             |             |             |   |             |
| CONTROL INSTRUMENT<br><input type="checkbox"/>   | IMPACT WEAPON (Describe in Box 40)<br><input type="checkbox"/>   | OTHER _____  | OTHER _____   | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>   | OTHER _____   | OC/CHEMICAL WEAPON W/AUTHORIZATION<br><input type="checkbox"/>  | TASER (Spark Disposed)<br><input type="checkbox"/>   | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>  | OTHER _____   |                  |  |                 |  |                   |  |                   |  |                        |  |  |   |  |  |             |   |   |             |   |  |             |                    |             |                    |                    |                    |  |                    |  |  |  |   |   |                                     |  |                                    |  |                                   |  |  |  |  |  |             |                                       |   |   |             |                                    |  |             |   |   |             |  |  |   |             |  |  |             |             |   |             |  |  |   |             |   |             |             |             |   |             |             |             |   |             |
| LRAD WITH AUTHORIZATION<br><input type="checkbox"/>  | OTHER _____  | OTHER _____  | OTHER _____   | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>   | OTHER _____   | OTHER _____   | OTHER _____  | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>  | OTHER _____   |                  |  |                 |  |                   |  |                   |  |                        |  |  |   |  |  |             |   |   |             |   |  |             |                    |             |                    |                    |                    |  |                    |  |  |  |   |   |                                     |  |                                    |  |                                   |  |  |  |  |  |             |                                       |   |   |             |                                    |  |             |   |   |             |  |  |   |             |  |  |             |             |   |             |  |  |   |             |   |             |             |             |   |             |             |             |   |             |
| 40. O/C/CHEMICAL WEAPON AUTHORIZED BY (NAME)   |  |  | RANK  | STAR NO.  | UNIT NO.  | 40. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL?<br><input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No                           |  |  |   |                  |  |                 |  |                   |  |                   |  |                        |  |  |   |  |  |             |   |   |             |   |  |             |                    |             |                    |                    |                    |  |                    |  |  |  |   |   |                                     |  |                                    |  |                                   |  |  |  |  |  |             |                                       |   |   |             |                                    |  |             |   |   |             |  |  |   |             |  |  |             |             |   |             |  |  |   |             |   |             |             |             |   |             |             |             |   |             |
| 40a. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT?<br><input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No  |  |  | 40b. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY<br><input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No |   |   | 40c. DID THE DISCHARGE RESULT IN A SELF-INFILCTED INJURY?<br><input checked="" type="checkbox"/> 01 No <input type="checkbox"/> 02 Yes - Subject <input type="checkbox"/> 03 Yes - Member |  |  |   |                  |  |                 |  |                   |  |                   |  |                        |  |  |   |  |  |             |   |   |             |   |  |             |                    |             |                    |                    |                    |  |                    |  |  |  |   |   |                                     |  |                                    |  |                                   |  |  |  |  |  |             |                                       |   |   |             |                                    |  |             |   |   |             |  |  |   |             |  |  |             |             |   |             |  |  |   |             |   |             |             |             |   |             |             |             |   |             |
| 41. WEAPON TYPE<br><input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER   |  |  | 42. INCIDENT OCCURRED<br><input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors                |   | 43. LIGHTING CONDITIONS<br><input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial |   | 44. WEATHER CONDITIONS<br><b>CLEAR</b>   |  |   |                  |  |                 |  |                   |  |                   |  |                        |  |  |   |  |  |             |   |   |             |   |  |             |                    |             |                    |                    |                    |  |                    |  |  |  |   |   |                                     |  |                                    |  |                                   |  |  |  |  |  |             |                                       |   |   |             |                                    |  |             |   |   |             |  |  |   |             |  |  |             |             |   |             |  |  |   |             |   |             |             |             |   |             |             |             |   |             |
| 49. TASER DART ID NO.  |  |  | 50. WEAPON SERIAL NO. (Include Letters)   |   | 51. CHICAGO GUN REG. NO.  |   | 52. IL FIREARM OWNER ID. NO.   |  | 53. HANDGUN CERTIFICATE NO.   |                  |  |                 |  |                   |  |                   |  |                        |  |  |   |  |  |             |   |   |             |   |  |             |                    |             |                    |                    |                    |  |                    |  |  |  |   |   |                                     |  |                                    |  |                                   |  |  |  |  |  |             |                                       |   |   |             |                                    |  |             |   |   |             |  |  |   |             |  |  |             |             |   |             |  |  |   |             |   |             |             |             |   |             |             |             |   |             |
| 54. SPECIAL WEAPON CERTIFICATE NO.   |  | 55. PROPERTY INVENTORY NO.   |   | 56. TYPE OF AMMUNITION USED   |   | 57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.   |  | 58. TOTAL NO. OF SHOTS MEMBER FIRED  |   |                  |  |                 |  |                   |  |                   |  |                        |  |  |   |  |  |             |   |   |             |   |  |             |                    |             |                    |                    |                    |  |                    |  |  |  |   |   |                                     |  |                                    |  |                                   |  |  |  |  |  |             |                                       |   |   |             |                                    |  |             |   |   |             |  |  |   |             |  |  |             |             |   |             |  |  |   |             |   |             |             |             |   |             |             |             |   |             |
| 59. WHO FIRED FIRST SHOT<br><input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER  |  | 60. WAS FIREARM RELOADED DURING INCIDENT<br><input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO |   | 61. NO OF CARTRIDGES/SHOT SHELLS RELOADED   |   | 62. HOW WAS MEMBER'S HANDCUN WORN<br><input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)  |  | 63. DID MEMBER USE SIGHTS<br><input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO  |   |                  |  |                 |  |                   |  |                   |  |                        |  |  |   |  |  |             |   |   |             |   |  |             |                    |             |                    |                    |                    |  |                    |  |  |  |   |   |                                     |  |                                    |  |                                   |  |  |  |  |  |             |                                       |   |   |             |                                    |  |             |   |   |             |  |  |   |             |  |  |             |             |   |             |  |  |   |             |   |             |             |             |   |             |             |             |   |             |
| 63. HOW WAS MEMBER'S HANDGUN DRAWN<br><input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW  |  | 64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD  |   | 65. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED<br><input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT. |   | 66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)   |  | 67. POSITION OF MEMBER DISCHARGING WEAPON<br><input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN<br><input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) |   |                  |  |                 |  |                   |  |                   |  |                        |  |  |   |  |  |             |   |   |             |   |  |             |                    |             |                    |                    |                    |  |                    |  |  |  |   |   |                                     |  |                                    |  |                                   |  |  |  |  |  |             |                                       |   |   |             |                                    |  |             |   |   |             |  |  |   |             |  |  |             |             |   |             |  |  |   |             |   |             |             |             |   |             |             |             |   |             |
| 68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON<br><input type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 07 NONE <input type="checkbox"/> 08 ANY OTHER COMBINATION |  | 69. ADDITIONAL INFORMATION   |   | 70. ADDITIONAL INFORMATION  |   | 71. RD NO.<br><b>HZ314835</b>   |  | 72. EVENT NO.<br><b>1617116023</b>   |   |                  |  |                 |  |                   |  |                   |  |                        |  |  |   |  |  |             |   |   |             |   |  |             |                    |             |                    |                    |                    |  |                    |  |  |  |   |   |                                     |  |                                    |  |                                   |  |  |  |  |  |             |                                       |   |   |             |                                    |  |             |   |   |             |  |  |   |             |  |  |             |             |   |             |  |  |   |             |   |             |             |             |   |             |             |             |   |             |

LOCAL 1081059  
Attached 11

|  |   |  |
|--|---|--|
| CASE INFORMATION   | NOTIFICATIONS (ALL INCIDENTS): <input type="checkbox"/> IMMEDIATE SUPERVISOR <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE       | 70. EVENT NO<br><b>1617116023</b>  |
|  | NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC             |  |
| SIGNATURES   | NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input type="checkbox"/> OEMC                      |  |
|  | Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report. |  |
| 40. ADDITIONAL INFORMATION   |   |  |
| 73. REPORTING MEMBER (Print Name)<br><b>JAROSZ, RENATA M</b><br>20-JUN-2016 04:04:53   |   | STAR/EMPLOYEE NO.<br><b>17825</b> <span style="background-color: black; color: black;">[REDACTED]</span> SIGNATURE <span style="background-color: black; color: black;">[REDACTED]</span>  |
| Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below. |   |  |
| 74. REVIEWING SUPERVISOR (Print Name)<br><b>HALLIHAN, JOSEPH F</b>   |   | STAR NO.<br><b>2211</b> <span style="background-color: black; color: black;">[REDACTED]</span> SIGNATURE <span style="background-color: black; color: black;">[REDACTED]</span> DATE REVIEWED<br>20-JUN-2016 04:08:40 TIME<br>20-JUN-2016 04:08:40 |
|  |   | 75. R.D. NO.<br><b>HZ314835</b>  |

Additional discharged weapons:

## LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEWING AND APPROVAL OF ALL TRR'S FROM THE SAME INCIDENT: 1. THE EXEMPT LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRR'S FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. 3. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

### 75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

INTERVIEW NOT CONDUCTED (Specify Reason)

### 76. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

Subjects actions caused members response which was in compliance with Department procedures and directives.

### 77. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05.

### 78. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

I HAVE CONCLUDED THIS INVESTIGATION FALLS UNDER THE INVESTIGATION AUTHORITY OF THE INDEPENDENT POLICE REVIEW AUTHORITY (IPRA).

LOG NO. \_\_\_\_\_ OBTAINED

BASED ON THE INFORMATION THAT I HAVE REVIEWED, I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE RE

IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

### 79. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

ZAHN, DAVID R

80.

TRR

OF

TRR(S)

### 81. TOTAL TRR's THIS EVENT NO.

2

SIGNATURE

DATE COMPLETED TIME

20-JUN-2016 04:13:26